

Appendix 11g ▪ Deinstitutional Care Management Plan Sample

Resident Name:

Date	Problem #	Problem Statement	Goal/ Outcome	Service Provider & Type (I,R,C,P)	Plan/Intervention	Date Resolved/ Comments	Bill to Waiver
2/1/10	1	Unable to relocate to community due to lack of information re: alternatives and resources.	Within 3 months, will formulate necessary plans and accomplish relocation into community.	C – MSSP	Provide information and assistance re: necessary services and supports	CM & CMS for months of Feb and March.	\$250/ month = \$500/2 months
2/1/10	2	Requires assistance with chore/personal care secondary to unsteady balance, limited mobility secondary to arthritic pain and poor endurance secondary to severe COPD.	Upon discharge, client will have chore/personal care services available to meet daily needs.	R – IHSS C – MSSP I – Sue, Dtr I – Kim, Dtr	Refer to IHSS for preliminary assessment prior to discharge. Monitor for adequacy of hours awarded. D/C planning, dtrs to learn how to perform personal care once client is at home.	Preliminary IHSS assessment conducted 1/25; anticipate 80 hrs/mo upon discharge.	N/A
2/1/10	3	Unable to locate suitable affordable housing due to lack of information regarding options and transportation to view vacancies.	Within 3 months, will locate and select furnished living space.	C – MSSP R – Housing P – Dial-a-Ride	CM to assist with review of current ads and rental listings; identify potential vacancies to visit. Provide referrals for low income housing. Purchase transportation.	Up to 5 round trips	N/A \$10 x 5 = \$50

California Department of Aging, Multipurpose Senior Services Program

MSSP Site Manual

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2/1/10	4	Has not managed own funds during 10 years in NF; is unable to perform money management duties d/t cognitive limitations, short-term memory loss and poor vision.	Client will have all financial matters completed after discharge from facility.	P – Friendly Money Mgt I – Dtr C – MSSP	Initial consultation and up to three follow-up visits as recommended. Kim to assist as needed. Arrange for service upon d/c	Initial consult 3/15 with 2 follow-ups (3/22 & 3/29).	\$50 consult + \$42 x 2 = \$134.00
3/15/10	5	At risk for falls in bathroom due to unsteady balance and leg weakness.	Client will have no falls while in bathroom.	R – Aunt Anne's Home Health C – MSSP P – Medical Supply Co	Refer for bathroom evaluation for necessary equipment. MSSP to purchase items not covered by Medi-Cal.	Home eval 3/20; recommend bath bench and hh shower	\$65.00 evaluation

MSSP Staff Signatures:

PCM:	Date:	SCM:	Date:
I acknowledge receipt and acceptance of this Plan, and receipt of the notice regarding my rights to a fair hearing if I am dissatisfied with the action(s) affecting MSSP-funded services.		X	
		Resident Signature:	Date: